Telephone (206) 315-4001

Date 12-/6-2005

Approved for use through 07/31/2006, OMB 0651-0032 rademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Penerwork Reduction Act of 1995, no nersons are re-	nuired to n	espond to a collection	n of infor	nation unless it	displays a va	alid OMB control nur	nber
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.I.	Complete if Known						
	Application Number 09/882,810						
FEE TRANSMITTAL For FY 2005		Filing Date		6/14/2001			
		First Named In	ventor	Shannon J. Chan			
Applicant claims small entity status. See 37 CFR 1.	27	Examiner Name	e	Taghi T. Ar	ani		
		Art Unit					
TOTAL AMOUNT OF PAYMENT (\$) 250.00		Attorney Docke	t No.	MS1 - 7	89US		_
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee							
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on TPO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FILING FEES Small Entity Application Type Fee (\$) Fee (\$)		RCH FEES Small Entity Fee (\$)	EXAN Fee	IINATION F Small Er (\$) Fee (\$	itity	Fees Paid (\$)	
Utility 300 150	500	250	200	100 14	n n	10001 010 107	
Design 200 100	100	50	130		-		
Plant 200 100	300	150	160		_		
Reissue 300 150	500	250	600		-		
Provisional 200 100	0	0	000	500	-		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim ove Bach independent claims over 30 or, for Reissues, each Multiple dependent claims Total Claims 30 - 20 or 6x = 1 HP = highest number of total claims apid for, if greater than 20 HP = highest number of the pendent claims 5	Fee 200	endent claim m Paid (\$) 00 Paid (\$)	ore thar		•	360 180	<u>\$)</u>
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 shee for each additional 50 sheets or fraction therec Total Sheets Extra Sheets Numb -100 = / 50 =	of. See		(1)(G) a	and 37 CFR on thereof		5 for small enti	1
Non-English Specification, \$130 fee (no small Other:	ll entity	discount)		1		, 555 7 814 (_

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the Institute on a required by 3 or 041 is 3.0 till modification in a required to obtain of relatin a certain by the public wintin a bit till glad by the USETO to process an application. Confidentiality is governed by 38 U.S.C. 125 and 37 CPR 1.14 if This collection is statemed to leak 30 millions to complete, including gathering, preparing, and submitting the completed application form to the USETO. Time will vary departed upon the including calculation of the modification of the purpose of the complete departed application form to the USETO. Time will vary departed upon the included case. Any comment on the annuture of time your required to complete this form and/or suppositions for excluding this burden, should be set to the Chief Information Ordinery, U.S. Pattern and Tiredomax Offico, U.S. Oppartment of Commence, P.O. Box 1450, Alexandria, VA 2231-3450, U.D. VISED FEES OR COMPLETED FORMS TO THIS ADDRESS. SERVICE TO Commission of Pattern of Pattern Pattern of Pattern Pattern of Pattern Patte

Signature

Name (Print/Type) Tim R. Wyckoff

Registration No. 46175

(Attorney/Agent)